Local Source Water Grant: Quarterly Progress Report Form

The Local Source Water Grant Progress Report Form <u>must</u> be completed by grant recipients four times annually (each three month time period), beginning with the first full 3 month quarter after grant approval by the Governor & Council. Forms may be completed by subcontractors.

| Grant ID# (SWP-XXX) | | |
|--|--|--|
| Name of Project: | | |
| Contact Person: | | |
| Contact Phone Number: | | |
| Organization Name and Address: | | |
| Date Form Completed: | | |
| Check the quarter this report represents. | | |
| the grant agreement of explain why. If extended the explain why are also as a second of the explain why. If extended the explain why are also as a second of the explain which are also as a second of t | tly on schedule to be completed within the timeframe as stated in or amended through the Governor & Council? If not, please ded, indicate that below. It tasks by number as identified in the approved scope of work that or completed in the last three months and briefly describe the 3 the quarter. | |
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| 3. | Do you anticipate any changes to the scope of work or set of deliverables? If Yes, please explain. |
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| | |
| 4. | Do you expect to file for an extension for this grant? All work must be completed and submitted to DES prior to the completion date noted in the G&C approved contract. If you expect to file for an extension, please notify DES at least three months in advance of your current completion date. |
| | ☐ Yes, I expect to file ☐ No, I do not expect to file for an extension |
| 5. | Name & Title of Person Completing Progress Report (if different from Contact Person) |
| 6. | Comments / Remarks: |
| | Drinking Water & Groundwater Bureau Source Water Protection Program P.O. Box 95 29 Hazen Drive Concord, NH 03302-0095 |
| | This form will be reviewed by DES staff and placed in the grant's file. If you have any questions regarding this form, call 271-0688. |